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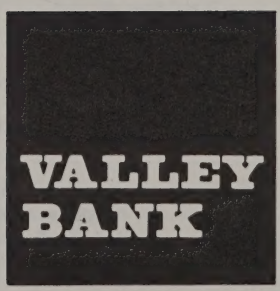

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The official bulletin
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THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.
THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.
ALL COMMUNICATIONS SHOULD BE ADDRESSED TO VIVIAN M. PURDY, HAMPDEN DISTRICT MEDICAL SOCIETY, 1414 STATE ST., SPRINGFIELD, MASS. 01109; TELEPHONE: 736-0661.
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MESSAGE TO HAMPDEN DISTRICT MEDICAL SOCIETY AUXILIARY

My personal greeting to you as you begin another year of service to your community.

We who are members of the AMA Auxiliary have a distinct challenge this year -- to support the medical profession in its program of voluntary cost effectiveness by teaching people to lead healthier lives.

We who choose to give our time to help others know the power of the voluntary effort to effect meaningful change. We know what our spport of health programs in our community will mean to voluntary cost effectiveness.

We must increase our efforts to educate people to practice good health. We must help them practice good health. We must help them modify their lifestyles for healthier living.

For we have a responsibility as physicians' spouses to help people understand that they, along with physicians, are responsible for keeping themselves healthy.

I urge you, along with me and all the members of the AMA Auxiliary, to accept the challenge that is before us.

Let us do all in our power to see that this year will be the year the AMA Auxiliary reaches its full potential in terms of accomplishing its goals to make this a happier, healthier world for all. □

MRS. MANUEL A. BERGNES
1978 - 1979 President
AMA Auxiliary

MESSAGE TO H.D.M.S.

We are about to embark on yet another year of hard work, new experiences and a chance to learn something about what it takes to be a concerned and well informed auxilian.

This fall, the state "Travel Team" will once again visit the county auxilians, sharing with them their ideas and problems on a one-to-one basis.

At the end of October, three state and seven county auxilians will attend the "Leadership Confluence" in Chicago. Last year only one county participant attended. This is a very encouraging sign that our fellow members want to be involved in these invaluable training seminars.

Ten Seminars will be offered on the following subjects:

1. FUTURE PLANNING: LONG AND SHORT-RANGE

Both short-term and long-term planning can help an organization determine what it wants to accomplish and the best way of acheiving its goals. This seminar will show that effective planning can be done informally and simply without the use of computers and sophisticated forecasting.

2. PARLIAMENTARY PROCEDURE

Specifically designed to help state and county auxiliary leaders on problems of presiding and the preparation of agenda items at meetings, this seminar presents an expert in the field of parliamentary procedure.

3. PRIORITY LEGISLATION

This seminar will provide in-depth information on major health issues confronting the Congress.

4. THE ART OF PUBLIC RELATIONS

Public Relations to enhance the image of the physician's spouse will be the subject of this seminar. Practical information on activities that auxiliaries can initiate in their communities will be offered.

5. ALCOHOL AND THE TEENAGER

Because alcohol is a socially accepted drug, and one that is more readily available than others, the danger of becoming dependent upon it is far greater. This seminar will offer assistance on how to educate the parents and the public to the awareness of the potential problem in the teenager.

6. DEVELOPING HEALTHFUL LIFESTYLES

Disease prevention, health protection and health promotion are the words on everyone's lips these days. In the future, each of us will be challenged to replace our prevailing ethic of expensive self-indulgence with an ethic of vigorous personal responsibility. The seminar provides an opportunity to develop further knowledge and insight in this area of concern.

7. EMERGENCY MEDICAL SERVICES

Optimally, a community's emergency medical services (EMS) should be organized in a comprehensive and systematic fashion. Such a system would include the necessary components of: prevention, detection, notification, dispatch, treatment, transportation, emergency departments, in-hospital care, and rehabilitation. Crucial to the effectiveness of in-hospital phase of emergency department care components of an emergency medical system is the implementation of a bona fide program of EMS categorization. One sub-component of a hospital emergency categorization plan is its methods of managing poisons. At this seminar, examples will be presented with suggestions for auxiliary involvement.

8. HEALTH PLANNING

Although the concept of health planning is not new, the enactment of the national health planning and resources development act of 1974 (P.L. 93-641) has marked the beginning of a new era of federally mandated initiatives directed to more efficient and effective use of health care resources. The seminar will present an overview of health planning as focused in P.L. 93-641 with emphasis on auxiliary involvement at the local level.

9. THE HOSPICE CONCEPT

Hospice is a specialized health care program emphasizing the management of pain and the other symptoms associated with terminal illness and providing care for the family as well as the patient. This seminar provides an opportunity to develop further knowledge and understanding of the concept.

10. UPGRADING JAIL MEDICAL CARE IS COST EFFECTIVE

Better protection of the public, greater cost effectiveness and imporved efficiency of health care delivery in jails are the accomplished objectives of the project; medical societies have played a major role in being the catalysts, coordinators and facilitators in this process. This seminar will explain how the auxiliaries can play a significant role in helping to develop criminal justice medical systems in their communities. □

MRS. LEONARD BOURAS
President
Massachusetts Medical Society Auxiliary

A MESSAGE FROM THE PRESIDENT

The national AMA Auxiliary has been in existence for 50 years, the Massachusetts State Auxiliary for 30 years and our own County Auxiliry for 28 years. When established, the aim was simply to aid the medical profession when, needed. The activities concentrated on "promoting and conducting programs to ensure good health and health care for the American people." These aims have been fulfilled to a great degree on all three levels throughout the years. It has been said that "national (AMA Auxiliary) trains, states coordinate and counties do." For each county, the procedure has always been to study community needs, to set goals to achieve these needs and to organize the Auxiliary to do the job. Our Auxiliary at various times recruited nursing students when there was a need for them, and indeed the White Cap Ball was originally started for the purpose of raising scholarship funds for nursing students. The Auxilians have been involved in immunization projects with schools, in health screening testing, in mental health programs, and in air and water pollution problems, among others. Wherever volunteers were needed for health projects, we were there. There traditionally has been a great degree of loyalty and service among our members.

A second purpose was involvement with legislation on health issues and this continues to be an important part of both the medical society and Auxiliary. The social aspect of the Auxiliary developed along with the others and resulted in physicians and their families getting together for social events of all kinds. Our greatest asset in all these endeavors has been our membership, starting with 71 and building up to 300 plus members where it has remained for many years.

Where are we now and where do we go from here? What do we stand for? Are our purposes, auxiliary, legislative and social, still valid today? Is there a reason for, and an interest in continuing volunteerism? Does the apathy encountered among members reflect their feeling about our purposes?

It is my belief that we do still have a reason for being and there is something to be done that is worthy of our interest and support. On the legislative front, we are provided continuing information from state and national on pertinent legislative issues. You need only read the weekly American Medical News which comes to your husband's office or perhaps at home to know what a good source of information it contains

for physicians and their families. We do not know when and if national health insurance will become a law of the land, but we know definitive legislation will certainly be introduced in the near future. Government regulation of medicine by both state and national government is a reality. Are we sufficiently aware of what is going on? It is up to each of us to educate ourselves on legislative issues and we, the Auxiliary, will do our best to activate a strong organization to act when the time is right.

HEALTH EDUCATION: One of the recurrent themes in proposed health legislation is health maintenance and disease prevention. We hear it repeatedly from insurance companies, medical societies and health planning agencies. Education on alcohol and drug abuse, smoking, obesity, nutrition, immunization are among the pertinent issues. Right here in our midst, as a result of tremendous time and effort, there is a unique health education project: the Touch and See Room, a series of sensory experiences on the five senses, at the Springfield Science Museum. It is a fantastic and imaginative exhibit conceived and produced by several Auxilians and I personally am very proud of them. You have only to visit it once, to be convinced of its importance. As time, resources and finances allow, it will be expanded to cover the brain, the lungs, the various systems of the body and will culminate in a Health Hall complete with transparent mannikin, theater chamber to be used for presentation of programs dealing with various aspects of health, and with health exhibits. The potential for this project as a health education tool for the young is mind-boggling. This is precisely the kind of local community project Auxilians are best at. We need volunteers to become docents, resource people, fund-raisers and in various other capacities on a continuing basis. Elsewhere in this issue is a report on the newest aspect of the exhibit, a program on heart health. The challenge is there and it is a worthy one. How shall we respond to it.?

Socially, THE EVENT OF THE YEAR is the WHITE CAP BALL. It is also our major fund raiser for health career scholarships. This year it will be on Saturday, November 4th at the Marriott and you have all received your invitations by now. Believe me when I say that this WHITE CAP BALL will be the biggest and best ever, and if you want to be where the action is, the place to be on November 4th is at the Marriott. We have lowered the price from last year. The dinner will be outstanding and the whole affair elegant. Plan to set up your own table of eight. For those who are unable to make it, a tax-deductible contribution by means of patrons, sponsors and donors will be of great help to raise the funds that we need for scholarships.

So, welcome to our year! You have seen our program, you know our aims, I have made you familiar with our needs....now let us show the community that we've got the interest it takes to make ourselves visible and caring in the health of the community, the calling to which our husbands are devoting their lives. □

MRS. RICHARD J. MILLER, PRESIDENT
Womans Auxiliary to the Hampden
District Medical Society

PRESIDENT'S PAGE

"OH FOR THE LIFE OF A DOCTOR'S WIFE"

The title of our commentary for this month sounds like the first line of a madrigal, but, it is to be noted that physicians' spouses, as some of the laity appear to believe, do not spend all their waking hours at "the club", the hairdresser, the furrier and Palm Beach.

The Auxiliary of the HDMS is a good case in point. Our girls in the Auxiliary, in addition to the support which they give their husbands; make a positive contribution to the health of the community - whether by providing scholarship funds through the "White Cap Ball" - raising funds for other medical purposes - working on the "Touch and See" program, or - managing booths at various health fairs. The endeavors of the Auxiliary often reach more widely than those of the physician, since the entire citizenry benefits, whereas, what the doctor does, is, generally, on a one to one basis with an individual patient.

The physician's wife has a difficult role. There are many frustrations - the inevitable emergencies which devastate long made plans - the ever present "rounds" which mean that a "day with the family" is only half a day - the concern about "the post-op gall bladder with the high fever," which turns her escort for an evening out into something slightly less animated than the monument at GIZA.

In these days of self fulfillment, the medical wife who is frequently a very learned and talented individual in her own right, is often subverted from persuing her own interest in order that her husband's career may be furthered. To compound the frustration, she is all too often "treated" to a chronicle of her mate's near messianic attributes by a grateful patient. She must wonder to herself, somethimes, what the patient would say if he or she knew that "God snores".

The Medical Society is grateful for the efforts of our Auxiliary. These efforts are qualitatively important. As individuals, we are, or should be, grateful for the sacrifices of our wives. Whether we know it or not, girls, we need you. □

JOHN J. FLAHIVE, M.D.

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AUXILIARY NEWS

PRISCILLA WHITE, M.D.

Priscilla White, M.D., pioneer in diabetic therapy, believes diabetes is virus-induced. She predicts that vaccination will eventually be used to prevent diabetes from developing in susceptible individuals. She forsees the implantation of beta cells in a technique similar to pacemaker insertion.

The Auxiliaries to the Hampden District Medical Society and Mercy Hospital were the fortunate recipients of such erudition when Priscilla White, M.D. told her personal experiences as a woman physician for the 55 years from 1923 to 1978. More than 120 people heard Dr. White discuss her career at a meeting at the Yankee Pedlar Opera House on Wednesday, September 13, 1978.

In his introduction, John J. Flahive, M.D., president of the Hampden District Medical Society, stated, "Dr. White has taken the diabetic children out of the clinic and has put them into the world where they could grow side by side with their peers and live a normal life."

Coming from a family of physicians, including her father and brother who were otolaryngologists, she transferred from Radcliffe College to Tufts Medical School at age 19. There, her greatest problem was her lack of manual dexterity in an anatomy course which almost led to her being dismissed from school."Although I knew the textbook Gray's Anatomy practically by heart, they did consider failing me. Fortunately, the decision was revised, and I passed successfully into my second year."

Dr. Frank Lahey awarded her a working scholarship which paid $50 a month and tuition at the end of her third year in medical school. The scholarship previously had been awarded to Sarah M. Jordan, M.D., who eventually was the gastroenterologist at the Lahey Clinic, and who was Dr. White's role model during her youth.

In 1922, the year insulin was developed and sent to the United States, Dr. Elliott Joslin asked her if she would be interested in working for him.

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After graduation, Dr. White interned at Worcester Memorial. "Young woman physicians were not popular; it was thought that they would not work as hard as the young men."

In 1924, she rejoined Dr. Joslin and Dr. Howard Root at the Deaconess Hospital where Joslin Clinic patients were treated. "I was given an amazing assignment, the study of children with diabetes. Prior to 1922, juvenile diabetics did not survive; the average duration of life was two years, then they died from diabetic coma."

Since diabetics are susceptible to infection, in the days before insulin and anti-microbial drugs, it was required that the children be isolated from general hospitals, establishing the need for social programs such as camping. Real work in camping started when Dr. Joslin wrote an article which was published in the newspaper owned by his cousin, The Boston Transcript. Dr. Joslin described camps for children as "islands of safety." From that time on, Joslin Clinic has enjoyed a large fresh air camp in Oxford, Massachusetts, at the Clara Barton birthplace. Elliott Joslin's birthplace was Oxford; his mother knew Clara Barton.

Dr. White continued, "The observation that I am proudest of is not what my greatest reputation is based on; it is based on my work in obstretrics. I like best my Delineation of the Natural Course of Juvenile Diabetes, which dictates how the child should be treated."

Dr. White was an early advocate of using female sex hormones in the treatment of diabetic pregnancy. A disagreement with the famous Baltimore pediatrician Dr. Eastman led her to devise a Classification of Diabetes, for which she was accorded much acclaim.

While many awards have been bestowed upon her, Dr. White considers her greatest reward was when her oldest juvenile diabetic patient reached 75 years of age after 62 years of diabetes. Another great event was when materal survival rose to 100% and fetal survival to 98%, which matches the patient survival rate at Boston Lying-In Hospital.

The discussion concluded when a woman in the audience identified herself as having seen Dr. White in 1926 and stated, "I am living proof of what Dr. White can do." Now, that's a successful career! □

HELEN K. GALLIVAN
Auxiliary representative
to the Hippocrat

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SCIENCE MUSEUM PROJECT

The current exhibit on the senses at the Springfield Science Museum was the ambitious project of the health education committee of the Auxiliary of the H.D.M.S. The creative results of the hard working committee members have been on view to the public since June. The exhibit has received much use from camp and recreation groups during the summer and will be the focus of sensory awareness programs during the coming year.

The first attempt at health education programming at the Science Museum will be initiated this fall. Jackie Green, junior department head at the Museum and Kathy Lovell have organized a program on heart health. The program will be available to school groups grades two through four on an appointment basis.

Motivation for such a program came from increasing awareness for the need to provide the general population with the information necessary to lead a healthy life. From a national survey taken recently, it is apparent that the average adult is quite naive about the functioning of his body and the positive actions that can be undertaken by each individual to promote personal good health.

It is hoped that by providing informational programs to children, they will develop a sense of personal responsibility about maintaining their own good health which will continue throughout their lives.

The heart health program at the Springfield Science Museum will take place in a specially prepared classroom where children will be able to walk through the chambers of the heart and circulatory system, listen to their own heartbeats and those of various animals, experience how much work the muscle of the heart does, learn to take their own pulses and see the changes with exercise. It should be a very exciting situation, both for children and trained volunteers who will run the program sessions.

The Auxiliary can play a major role in presenting this health education program to area children by providing interested individuals to become trained volunteers. The training program will begin Tuesday, October 3, and will continue each Tuesday throughout the month from 9:30 to 11:30 A.M. The month after will be used as an internship period, with the programs to start in full force in December.

Anyone interested in taking part in the innovative experience should call.

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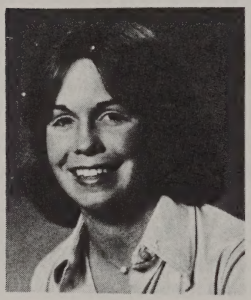
SCHOLARSHIP AWARDS

The Auxiliary to the Hampden District Medical Society has renewed $2000 in scholarship awards. These have been given to four local students who are pursuing careers in medically related fields. Scholarships are awarded on the basis of need, character, scholarhship and aptitude to Hampden District residents who are accepted in an accredited school.

The following recipients will each receive a $500 scholarship; all students are entering the second year of their respective programs.



PATRICIA CREIGHTON

31 Melwood Avenue, East Longmeadow, is a student in the bachelor's degree program at Simmons College School of Nursing. Patricia receives special recognition for having received straight A's during her first year at Simmons.

CYNTHIA MAJOR

84 Fedak Drive, Chicopee, is in the diploma program at St. Vincent's Hospital School of Nursing.

LINDA MARIE CARROLL

18 Bayne Street, East Longmeadow, attends Ithaca College School of Physical Therapy.

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MICHELLE GREGALIS
23 Lincoln Street, Feeding Hills, attends Quinnipiac College School of Medical Technology.

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AMA IS ACTIVE IN EFFORT TO CUT FEDERAL REGULATION DOWN TO SIZE

To what extent does glamorized federal planning boil down to sheer regulation? And to what extent does the regulation lead to costly irregularities?

These are questions with which the American Medical Association must constantly grapple, in numerous situations and respects. And various irregularities have been cited by units of the government itself--alongside the pressure for a greater federal role in health.

CONSIDER THESE EXAMPLES:

*Legislation has been introduced in Congress--by Rep. Tim Lee Carter, a physician--to keep Food and Drug Administration regulations, from overly delaying the approval of new drugs that could benefit patients both medically and economically.

*The General Accounting Office--federal budgetary watchdog--has complained that HEW-funded neighborhood health centers are not reaching most of America's medically underserved, and that HEW has not made sure the centers are put in the neediest areas.

*The GAO has also complained of defects in HEW's Health Maintenance Organization program, including an ''ineffective'' record in administering and monitoring the loans for HMOs.

*A number of local Health Systems Agencies under the Health Planning Act have protected HEW's guidelines for implementing the act--partly on the ground that these supersede, and thus duplicate in cost, the guidelines that HSAs have been developing.

HEW, according to a recent Associated Press story, misspent more than $5 billion in fiscal 1977 and blames waste and mismanagement more than fraud and abuse.

Yet, does that estimate--whopping as it is--give the full picture of health expenditure gone astray? What about the cost of supplanting those HSA guidelines? And what about the $5,000 to $20,000 (depending on the project involved) that applicants for a certificate of need must spend on its processing under the Health Planning Act?

In health and other fields, ''the sum of the administrative costs of federal regulation (paid by the taxpayer) and the compliance costs (generally passed on to the consumer in the form of higher prices) may top $100 billion'' for fiscal 1979, says Murray L. Weidenbaum, director of the Center for the Study of American Business at Washington University, St. Louis, and a former federal official.

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springfield, mass. 01109
1858 allen street 01118

That $100 billion is where supposedly idealistic planning can lead.

Well, what are some of the things the AMA has been doing about the examples and problems given above?

*The AMA developed the anti-drug-delay bill introduced by Kentucky Congressman Carter.

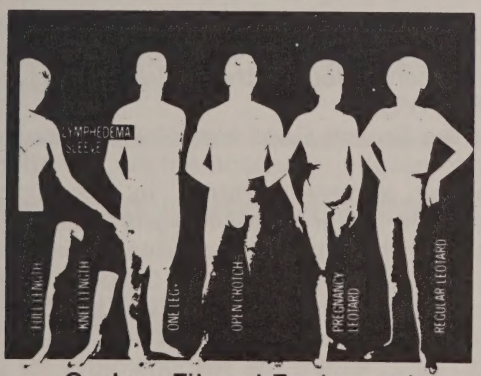
* It is a cosponsor of a Robert Wood Johnson program to improve medical services in the inner cities of Baltimore, Cincinnati, Milwaukee, St. Louis, and San Jose.

* The AMA House of Delegates in June approved "in principle" a National Commisiion on the Cost of Medical Care recommendation calling in part for "fair market competition between HMOs and other provider and insurance systems."

*The AMA supports Health Planning Act amendments to make HSAs more independent in their guidelines and operations.

*It backs the proposed Sunset Act that would require regulatory agencies and programs to justify their right to eternity and make them more accountable to Congress.

The Association is so energetic in so many areas of activity that some physicians may be confused as to just what it does. But the $250 regular dues are spent as soundly and effectively as possible for the benefit of all physicians and patients--and every doctor should know or be told. □



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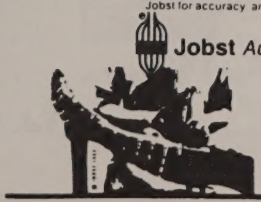

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PROJECT GOOD HEALTH

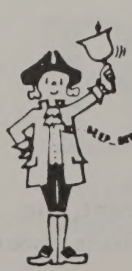
Project Good Health is a federally mandated program to provide quality preventive and comprehensive health care for children who are under twenty one years of age and who are eligible for Medicaid benefits. The major objectives of the program are 1) to provide routine preventive and comprehensive health care and in so doing insure prompt detection and treatment for potentially handicapping conditions. 2) to encourage and facilitate an individual's appropriate use of existing health care resources. 3) to provide an on-going patient single provider relationship. The major theme shall be a Medical Home for all Medicaid children and Good Health care today will protect their tomorrows.

BACKGROUND

The state in order to receive financial reimbursements for its Medicaid program must comply with certain federal regulations requires each federally approved state Medicaid program to include an early and periodic screening, diagnosis and treatment program (EPSDT). Massachusetts has had for several years an EPSDT program of limited extent. It was attacked in 1974 in a suit filed in the District Court in Boston. This court case (which is still in process) was the rechecks wherein the state agreed with the complainants that the earlier EPSDT programs was insufficient. Representatives of the Massachusetts Chapter of the American Academy of Pediatrics have been meeting with department of Public Welfare for the past several years to create a new EPSDT Program. The program is one of continuing child advocacy rather than one of screening and episode care. Its to be called Project Good Health. The states ability to offset precise changes in the new program is strictly controlled by the Federal Court.

MUTUAL OBJECTIVES

The goal of the Project Good Health Program is the attainment of optimal growth physically, developmentally, emotionally, socially and intellectually of all eligible children in the Commonwealth. The program shall seek to foster measures and conduct activities directed toward establishing the highest possible standards of quality and acceptability in the delivery of Health Care of children. Implicity in these standards is a commitment to the principle that each child deserves a ''Medical Home'' where he/she receives the bulk of their continuing health care, where the responsibility for coordination of all their health care is welcomed and which serves as a repository for their entire medical records. On-going comprehensive medical and dental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care are most essential in the maintenance of an individual's good health. Comprehensive health care goes beyond screening and treatment. It encompasses an on-going patient physician relationship.

DEFINITIONS

A) Contracted Provider-A Project Good Health provider with whom the department has entered a Project Good Health Provider Agreement.

B) Consultant Provider to whom a referral for additional screens an for treatment is made by a Project Good Health Provider.

C) Health Assesment-the performance for a Project Good Health recipient of the screening package appropriate for age, status, and history if the Project Good Health Recipient as indicated by the guidelines.

D) Guidelines-the guidelines for periodic Health Assessment developed by the Massachusetts Chapter of American Academy of Pediatrics.

E) Project Good Health Specialist - An employee of the department assigned specifically to the Project Good Health Program, whose principal function is to ensure the timely delivery of Project Good Health services to Project Good Health Recipients.

F) Eligible Persons - Project Good Health Recipient-an individual under age twenty one who has a valid card identifying the individual as a recipient of medical assistance from Medical Department of Public Welfare. Medical assistance recipient who are parents who have not yet attained the age of twenty one are also eligible for Project Good Health services.

CONTRACT PROVIDER ELIGIBILITY

To qualify as a contract provider a person, agency or facility must meet the following standards:

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*Present as 345.9 mg. and 691.8 mg. of the calcium salt of fenoprofen dihydrate equivalent to 300 mg. and 600 mg. fenoprofen respectively.

700934

A) The provider must be able to provide, directly (that is in its own facility with referrals) substantially all of the health assessment procedure.

B) The provider must be able to provide, by referral all of the health assessment procedures which it does not provide directly.

C) The provider must be able to provide, directly, diagnostic and treatment services consistent with comtemporary standards for the general practice of medicine, including referral linkages for laboratory procedures, vision and dental care and specialty practices.

C) The provider must establish a system by which the DPW will verify that Project Good Health recipients are receiving the PGH services to which they are entitled.

E) The provider must not be an agency or organization which customarily furnishes services without charge or which restricts its services to persons eligible for Medical assistance.

F) The provider must be organized in a manner which permits billing by a single person or entity. The prospective contracted provider includes physician clinics, neighborhood health centers, hospital out-patient departments, health maintenance organizations and public or private youth service agencies.

The contract will take effect when both physician and DPW agree and will continue indefinetely. Either the DPW or the physician may terminate a project Good Health contract upon 30 written notices, without having to state cause. In the event of termination, the provider will cooperate with DPW to insure that a recipients Project Good Health services will not be interrupted. The DPW official indicates this to mean that a physician terminating his or her participation in the Project Good Health programs must help arrange for orderly transfer of the patients to some other Project Good Health provider. The contract indicates that it is the continuing obligation of any P.S.H. provider to maintain truthful information on a current basis concerning these facts and conditions which pertain to his or her participation in the Project Good Health program. If this requirement is materially breached DPW would be empowered to void the contract and this could rise to attempts by the state to recoup any monies paid prior to discovery of the breached agreement.

These guidelines were developed by the Massachusetts Chapter of the American Academy of Pediatrics, and are believed to reflect the prevailing standards of Massachusetts pediatricians for the necessary elements of an early and periodic screening and diagnosis program for

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infants, children, adolescents, and young adults. In those cases in which a recipient has had infrequent health assessment examinations, the PGH provider will provide the additional tests and screens necessary to bring the recipient up to date with his preventive health care according to the Guidelines.

The Guidelines were never intended to apply to each and every patient. Physicians should be able to exercise their medical judgment that certain elements of a particular screen may not be indicative and not perform them. The DPW will require the physician to state the reason for concluding that a certain screen was omitted.

SUMMARY

Federal law governing Medical Assistance Programs of Early and Periodic Screening, Diagnosis and treatment (EPSDT) for persons under the age of twenty one who are eligible for Medical Assistance. Project Good Health (PGH) is the name given to the EPSDT programs established in the Massachusetts Medical Assistance Programs. The objectives of the PGH programs are;

1. To provide to eligible persons comprehensive and continuous health care designed to prevent illness and disability and to establish an on-going provider-patient relationship.

2. To ensure early detection and prompt treatment of health problems before they become chronic or cause irreversible damage. The guidelines were developed by the Massachusetts Chapter of the American Academy of Pediatrics. The program represents a reasonable basis for partnership between the state and pediatricians in services to needy children. □

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EXECUTIVE COMMITTEE

The Executive Committee met on Tuesday, September 19, 1978 in the Conference Room of the offices of the HDMS.

Present were Drs. Flahive, Navazio, Zadworny, Fitzpatrick, Magill, Bloom, Dasco, Corsaro, Sachsse, Stoddard and Mrs. Purdy.

The minutes of the June meeting were read and accepted as read.

Yellow page advertising in the telephone book was discussed at great length. An article concerning this will be in the November issue of the Hampden Hippocrat.

Correspondence

Dr. James Allan resigned from the Central Professional Service Committee. A replacement will be appointed.

A By-Law change on "Junior Membership" will be sent to Dr. Memery, Chairman.

A thank you letter from Ms. Vallone, Director of the Council on Aging was read. This was for the participation of the HDMS in "Elderlee 78".

An informational letter from Dr. Baker, President of the Health Care Foundation of Western Massachusetts was read, informing the membership of their intention of doing a feasibility study for an Independent Practice Association.

Members who are on probation for non payment of dues to the MMS will be contacted by Dr. Remsberg, Treasurer.

The Third National Conference on the Impaired Physician will be held in Minnesota from September 29 - October 1, 1978.

The AMA has been involved with a program funded by the Law Enforcement Assistance Administration, United States Department of Justice to improve health care in jails. The Hampden County Jail and House of Correction is one of the jails to be reviewed.

The Commissioner of Education, Mr. Gregory Anrig, thanked Dr. Flahive for the concern of HDMS for saving the Willie Ross School for the Deaf.

The Second Opinion Program sponsored by Connecticut General Life Insurance Company was discussed, as well as the other programs on Second Opinion.

Computers and their usage were discussed as the result of a Survey done by the American Association of Medical Society Executives.

Emergency Medical Physicians asked about starting a Section locally on Emergency Physicians. HDMS does not sponsor Sections but any specialty may start their own association locally.

The AMA invited County, State and Specialty organizations to present names for consideration for its major annual awards. If any member has a name to present please do so through the HDMS office. One name has been presented.

A suggestion was made that HDMS award annually a Citizens Award to an individual who has devoted time to enhance some part of health.

It was voted that only official business of the HDMS will be conducted from the address of the office.

Liability insurance for HDMS will be studied for coverage of committee work.

Mrs. Purdy gave an office report. Meeting was adjourned at 9:50 P.M. □

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A trained telephone specialist is waiting to take your call. Your questions will be carefully considered and, through the use of a community resource file, you will be provided with the information you need. If you are not exactly sure of your needs, the specialist may talk them over with you, suggesting a number of alternative resources and helping you select an appropriate agency that can handle your problems in an indepth manner.

The Connection is a link which connects people with some 400 human services in the area. It does not provide any direct service itself.

Is There A Charge For The Connection's Assistance?

NO--you will not be charged for any assistance provided by the service itself.

Can Anyone Call?

YES--it is a service meant to be used by all the residents of Springfield and the surrounding towns of Ludlow, Wilbraham, Hampden, West Springfield, Longmeadow, East Longmeadow, Agawam, and the City of Westfield.

When Can You Call The Connection?

Specialists are taking calls Monday through Friday from 9:00 a.m. to 6:00 p.m.

Do You Have To Give Your Name If You Call For Help?

NO--no one need give his name, address or phone number. However, if you would like the telephone specialist to re-contact you for any reason, you may want to leave your first name and phone number--it is entirely up to you.

Although information will be recorded on types of problems presented to the Connection service, no names or other identifying information will be kep after a caller has been helped. □

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DISTRICT MEETING
of the
HAMDPEN DISTRICT MEDICAL SOCIETY

DATE: Tuesday, November 21, 1978

PLACE: Marriott Hotel • 1500 Main St. • Springfield

BUSINESS MEETING: 6:00 P.M.

SOCIAL HOUR: 7:00 P.M.

DINNER: 7:30 P.M.

SPEAKER: Hoyt D. Gardner, M.D., President Elect of the American Medical Association

Parking tickets will be validated at the reception desk.

Wives are invited to attend this meeting.

COST: For wives -----$8.50 (remit checks with reservations) Members ---Courtesy of H.D.M.S.

If you must cancel your dinner reservation, call the office before noon of November 21, 1978. IF CANCELLATIONS ARE NOT MADE YOU WILL BE BILLED FOR YOUR DINNER.

In Memoriam

WILLIAM C. KOTARSKI, M.D.

William C. Kotarski, M.D. died at Mercy Hospital on Tuesday, August 22, 1978.

Born in Salem, Dr. Kotarski lived and practiced in Springfield since 1933. Both his pre-medical school and medical school education were received from Middlesex University School of Medicine, graduating in 1929.

Dr. Kotarski was a member of the A.M.A., M.M.S. and H.D.M.S. Sympathy is extended to his son Dr. John W. Kotarski, a dentist and daughter Mary K. St. Germain. □

TELEPHONE LISTINGS

The New England Telephone Directory Center from Lynn, Massachusetts will be soliciting you shortly for yellow page listing. Check the 1978 telephone book under Physicians & Surgeons as well as the "Grouped by Specialty" which begins on page 335 in the Springfield telephone book to make sure your listing is correct and as you wish it. Only three cities in Massachusetts have this special listing, namely, Boston, Worcester and Springfield. The closing date for yellow page listing is December 29,1978. If you have any questions call the local business office in Springfield and they will forward your requests to the Lynn office. □

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Amendment To The Rules Of Procedure Governing Disciplinary Proceedings Before The Board Of Registration And Discipline In Medicine

1. AMENDMENT

Section on VII 3 d is amended by deleting the following language:

> Physician assistants are not allowed to perform the following procedures except in the presence of a supervising physician:
>
> i. Application of circular casts
> ii. Placement of sutures

2. AMENDMENT

Section 2.8 is amended as follows:

a. The availability of the Board's records to the public is governed by the provisions of the Public Records Law, G.L. c. 4, 7, cl.27, as amended by St. 1977, ch. 691, §1, the regulations of the Executive Office of Administration and Finance (EOAF) promulgated under this statute, 7 Mass. Reg. 25 (1976), the regulations of the Secretary of the Commonwealth promulgated under this statute, 12 Mass. Reg. 150 (1976), and these rules. In general, all records of the Board, including records containing information concerning charges of misconduct, are public records and the Board will permit public inspection of them in accordance with the Public Records Law and the above-referenced regulations. However, a file or some portion of it is not a public record if the Board determines that disclosure may constitute an unwarranted invasion of personal privacy, prejudice the effectiveness of law enforcement efforts (if the records were necessarily compiled out of public view), or violate any provision of state or federal law. The Board maintains such a file or portion of it in a separate file known as a confidence file.

b. The Board's records of disciplinary matters include the following:

   i. Complaint files, which contain the complaint and other information, are public records.
   ii. Complaint Counsel's files, which contain portions of complaint files (and related confidential files) as well as papers related to adjudicatory proceedings and counsel's work product, are not public records.
   iii. The Board's files, which contain each paper filed with the Board in connection with an adjudicatory proceeding, are public records.

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I am a pediatrician and do not care for adults.

Operation for fibrous displeasure

Back problem I feel is in the class of the strain a person gets at a company picnic and not serious.

Tendency toward a military neck. (From chiropractor).

Ronald had flew and was in hospital when baby.

Has been in good health since death of husband last year.

Sebaceous cyst on cheek of ass.

She was quite nervous and tense and some insomnia staying asleep.

Cartilage removed from each knee--had extra cartilage.

Muscular pain from leaning on counter in his restaurant.

Family History: All male members of the family have had hernias and she notes that even her dog has a hernia

Husband has strumo. Joints of back are calciumerized.

...his only treatment is ASA for morning stiffness.

She was babitized at birth.? blue baby.

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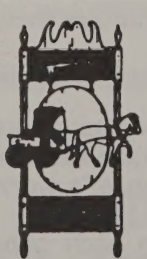

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